

**MISSOURI ETHICS COMMISSION**  
**P.O. Box 1370**  
**JEFFERSON CITY, MO 65102**  
**573/751-2020 800/392-8660**

**COMPLAINT**

Section 105.957, RSMo states that the Commission shall receive any complaints alleging violations of the provisions of (1) The requirements imposed on lobbyists by section 105.470 to 105.478; (2) The financial interest disclosure requirements contained in sections 105.483 to 105.492; (3) The campaign finance disclosure requirements contained in chapter 130, RSMo; (4) Any code of conduct promulgated by any department, division or agency of state government, or by state institutions of higher education, or by executive order; (5) The conflict of interest laws contained in sections 105.450 to 105.467 and section 171.181, RSMo; and (6) The provisions of the constitution or state statute or order, ordinance or resolution of any political subdivision relating to the official conduct of officials or employees of the state and political subdivisions. This complaint must be in writing and filed only by a natural person. This complaint shall contain all the facts known to the person bringing the complaint that give rise to the complaint. This complaint shall be sworn to under penalty of the crime of perjury. **THIS FORM MUST BE RETURNED BY MAIL OR HAND-DELIVERED. FAX COPIES/E-MAILS NOT ACCEPTED.**

**I. PERSON BRINGING COMPLAINT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Title of office held or sought (if applicable): \_\_\_\_\_

**II. PERSON OR ORGANIZATION OR CAMPAIGN COMMITTEE AGAINST WHOM COMPLAINT IS BROUGHT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Title of office held or sought: (if applicable) : \_\_\_\_\_

Date of Election (if applicable): \_\_\_\_\_ Primary: \_\_\_\_\_ General: \_\_\_\_\_ (Check one)

**(PLEASE COMPLETE THE BACK OF THIS FORM GIVING THE FACTS PERTAINING TO THIS SITUATION)**

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**VERIFICATION BY OATH OR AFFIRMATION**

STATE OF MISSOURI  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn state that the information in this complaint is complete, true, and correct, to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Complainant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

### III. STATEMENT OF FACTS:

State in your own words the detailed facts and the actions of the candidate or organization named in Paragraph II which prompted you to make this complaint. The space provided below is not intended to limit your statement of facts. Please use additional sheets if necessary. Include relevant dates and times, and the names and addresses of other persons whom you believe have knowledge of the facts and attach hereto copies of any documentary evidence that supports the facts alleged in the complaint.

Please check the box next to the area that the complaint concerns.

- ☐ 1. The requirements imposed on lobbyists by sections 105.470 to 105.478.
- ☐ 2. The financial interest disclosure requirements contained in sections 105.483 to 105.492.
- ☐ 3. The campaign finance disclosure requirements contained in chapter 130, RSMo.
- ☐ 4. Any code of conduct promulgated by any department, division or agency of state government, or by state institution of higher education, or by executive order.
- ☐ 5. The conflict of interest laws contained in sections 105.450 to 105.468 and section 171.181, RSMo.
- ☐ 6. The provisions of the constitution or state statute or order, ordinance or resolution of any political subdivision relating to the official conduct of officials or employees of the state and political subdivisions.

[illegible]

If you do not want your name included in any report filed with the Missouri Ethics Commission, please check this box and sign your name.

- ☐ I request that my name not be used in any report:

Signature: \_\_\_\_\_